

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14026
3673

State File No.

FILED MAY 13 1955

BIRTH NO. 33156-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u> | |
| b. CITY OR TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>E. St. Louis</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) | | STREET ADDRESS (If rural, give location) <u>1130 Morgan</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Infirmary</u> | | | |

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|--|--|-------------------------------|-------------------------|--|-------------|---|-----------|--|--|--|---|
| 3. NAME OF DECEASED (Type or Print) <u>B aby</u> | | | a. (First) <u>White</u> | | b. (Middle) | | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4-19-55</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | | 8. DATE OF BIRTH <u>4-19-55</u> | | 9. AGE (In years last birthday) <u>0</u> | | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 24 HRS. Hours <u>5</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>infant</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Virgil White</u> | | 13b. MOTHER'S MAIDEN NAME <u>Zelda</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Virgil White</u> | |
| | | | | ADDRESS <u>1130 Morgan</u> | |

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|--|--|------------------------------|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxemia</u> | | DUE TO (b) <u>Chokedeath</u> | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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|---|--|--|--|---|--|---|--|
| 19a. DATE OF OPERATION <u>24</u> | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>7620</u> | | | |

22. I hereby certify that I attended the deceased from 4/7, 1955, to 4/19, 1955, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:05P m., from the causes and on the date stated above.

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|--|--|-----------------------------|--|-------------------------------------|--|------------------------------------|--|
| 23a. SIGNATURE <u>Eileen F. Winkler</u> | | (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>930 N 2ND ST</u> | | 23c. DATE SIGNED <u>4/25/55</u> | |
|--|--|-----------------------------|--|-------------------------------------|--|------------------------------------|--|

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|---|--|--|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>4-25-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u> | | 24d. LOCATION (City, town, or county) (State) <u>East St. Louis, Illinois</u> | |
| DATE REC'D BY LOCAL REG. <u>APR 25 1955</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Neek</u> | | ADDRESS <u>117 N 13th St</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
P. J. Nash

Licensed Embalmer No. *245*

P. O. Address *38470*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.